USACE HTRW CENTER OF EXPERTISE REVIEW REQUEST FORM

M DISTRICT: DATE: ISTRICT PM & PHONE #: ECH SUPPORT DISTRICT: ECH SUPPORT DISTRICT POC & PHONE #:	
PROJECT DATA	
UNDING PROGRAM: (Check one)	
OCATION:	
TE NAME: ROJECT NAME: REVIOUS SUBMITTALS: Include HTRW CX submittal numbers if available)	
SUBMITTAL/DOCUMENT DATA	
OCUMENT DATE:	
HOUSE AE	
GENERAL INFORMATION	
OMMENTS DUE TO DISTRICT (see Note): DDITIONAL INFORMATION/REMARKS:	
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ote: Standard HTRW-CX document review time is 3 weeks, with 2 weeks required for reviewing response to comments and ve-Year Review reports.	t

email: HTRW-CX.Documentation@usace.army.mil

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